

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	3	15				
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Total Indep	3					
Total Depend	15	←	←	←		
Total Claims	18					

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Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep		←	←	←	
Total Depend		←	←	←	
Total Claims					

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